## FILE NOW: FILING FEE AFTER MAY) 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **L46708**

1. Corporation Name

RAYMOND C. MILLER, P.A.

FILED Apr 16, 1999 8:00 am Secretary of State 04-16-1999 90115 046 \*\*\*150.00



Principal Place	e of Business	Mailing Addr	ess						
400 S.E 6TH STREET 400 SE 6TH STREET									
FT LAUDERDAL	E FL 33301		FT LADUERDALE FL 33301			DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualified			
						01/19/1990			
2 Principal P	lace of Business	2a. Mailing A	ddress :			4. FEI Number		Apı	olied For
21	and of Edolife's	26				66-5017150		Not	Applicable
Suite, Apt.	#, etc.	Suite, Ap	t. #, etc.					\$8.75 A	dditional
22	<u> </u>	27			<del></del>	5. Certificate of Status Desired		Fee Re	quired
City & State	e	City & St	ate			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	اسا	Added to	Fees
Zip	Country	Zip		Country	,	8. This corporation owes the cur	rent year Inta		<b>-</b> 7
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of	f Current Registered Age	ent			10. Name and Address of New	Registered /	Agent	
<b>1.4</b> H 3	ER, RAYMOND C.			81	Name.	•			
	ER, RATMUND C. I SOUTH ANDREWS AVE			82	Street Add	ress (P.O. Box Number is Not Accept	able)		
SUIT		<u>-</u>			<u> </u>				
	LAUDERDALE FL 33316			83					
ri. L	FYONEUNWEE LF 222 10	•		84	City			85 Zip C	ode
	· · ·			L_		poration submits this statement for the	<u> </u>	44	
SIGNATURE	m familiar with, and accept the		_			ed when reinstating)	DATE		
12.		ERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	
TITLE	PD		DELETE	1.1 TITLE				☐ Change	Addition
NAME	MILLER, RAYMOND C.		<b>1</b> ·	1.2 NAME					
STREET ADDRESS	400 SE 6TH ST			1.3 STREE	TADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-S	T-ZIP				
TITLE			DELETE :	2.1 TITLE				☐ Change	Addition
NAME			:	2.2 NAME					
STREET ADDRESS			:	2.3 STREE	T ADDRESS				
CITY-ST-ZIP				2. 4 CITY-5	T-ZIP	- w			-
TILTE		[	DELETE :	3.1 TITLE				Change	☐ Addition
NAME			;	3.2 NAME					
STREET ADDRESS			1:	3.3 STREE	T ADDRESS	•			
CITY-ST-ZIP				3.4. CITY-5	T-ZIP			Change	Addition
TITLE		L		4.1 TITLE				☐ Change	T VOOLOOL
NAME	<b>)</b>			4.2 NAME					
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP	<u></u>			4.4 CITY-S	T-ZIP			Change	Addition
TITLE		Ĺ		5.1 TITLE	1		*	、 ☐ Change	C? Addition
NAME				5.2 NAME	Y ADDDESS		•		
STREET ADORESS	}				T ADDRESS				
CITY-ST-ZIP				5.4 CITY-S 6.1 TITLE	1-21	78.2		Change	☐ Addition
TITLE		L		6.2 NAME					, Addition
NAME					T ADDRESS (				
STREET ADDRESS	}		•		- 1				
CITY, ST. 7ID	1			6.4 CITY-S	11-712				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapsed, or on an attachment with an address, with all other like empowered.

- MILLER

SIGNATURE: